



Janice K. Brewer, Governor

Arizona State Veterinary Medical Examining Board
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Victoria Whitmore, Executive Director

EQUINE DENTISTRY INFORMATION

Alternative Format for Submitting Application: An individual with a disability who, as a result of the disability, requires this registration to be in an alternative format may contact the Board's Americans with Disability coordinator at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known.

Name:

Address:

Mailing Address if different:

Home Phone: (____) _____ **Cell phone:** (____) _____ **Fax Number:** (____) _____

PLEASE COMPLETE ALL OF THE FOLLOWING:

1. **I am certified by:** _____ **Effective Date:** _____
 - Continuing Certification
Date: _____
 - Provide proof of current certification from the International Association of Equine Dentistry or the Academy of Equine Dentistry.
2. **Attach a written statement signed by each supervising licensed veterinarian that the certified equine dental practitioner will be under the general or direct supervision of the licensed veterinarian:**
A.R.S. §32-2231 (B)(3).
3. **I will be supervised by the following Arizona Licensed Veterinarians: (If additional space is required, please attach a separate sheet of paper.)**

Veterinarian's Name:

Clinic Name:

Clinic Address:

Clinic Phone Number: (____) _____

Veterinarian's Name:

Clinic Name:

Clinic Address:

Clinic Phone Number: (____) _____

Veterinarian's Name:

Clinic Name:

Clinic Address:

Clinic Phone Number: (____) _____

I hereby declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

Signature

Date